

## POST INSTRUCTOR ASSESSMENT

Date: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Agency: \_\_\_\_\_

Course: \_\_\_\_\_

Course Location: \_\_\_\_\_

P.O.S.T. Assessor: \_\_\_\_\_ Region: \_\_\_\_\_

Lesson Plan SHALL be available to Assessor for evaluation:

	Outstanding	Good	Adequate	Needs Improvement
Objectives clear and appropriate for course.				
Lesson logically and sequentially organized.				
Expectations of what student involvement in lesson are stated clearly.				
Pacing of lesson: Stays on time, gives breaks				
Showed initiative and interest in teaching.				
Communicated effectively with students.				
Control techniques for classroom behavior.				
Objectives achieved and covered.				
Proper closure of less: Reinforce main points				
Testing procedures/Test				

### Comments and Suggestions:

Use of visual aids: \_\_\_\_\_

Handout material: \_\_\_\_\_

Dress: \_\_\_\_\_

Demeanor: \_\_\_\_\_

Voice and eye contact: \_\_\_\_\_

Other comments: \_\_\_\_\_

Recommend Approval: YES NO

Copy of evaluation given or sent to instructor: YES NO

Assessor's signature: \_\_\_\_\_